



Protection of Conscience Project

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Establishment Bioethics

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There are different kinds of ethics

The term 'bioethics' is frequently used as if it denotes a single ethical system. In fact, bioethics is simply a branch of ethics,¹ and the term is frequently used as an imprecise label for a range of ethical theories in medicine and medical research. Thus, the title 'bioethicist' is not much more descriptive than 'religious believer.' Ethical differences between one theory of bioethics and another may be quite as dramatic as doctrinal differences between religions, though, like religions, there are also similarities.

This is illustrated by the different ethical views of non-therapeutic experimentation on human embryos, freezing and cloning of human embryos, and in vitro fertilization. While the Catholic Church's Instruction on Bioethics proscribes all of these procedures,² and some non-Catholic and even non-religious bioethicists agree with this judgement, others disagree.

Thus, an astute practitioner, confronted with what is said to be a bioethics norm, will probe further to seek the root of the norm, alert to spurious arguments.

Science cannot mediate ethical claims

False claims of superiority are sometimes made by bioethicists who assert that their conclusions are inconvertible because they are 'scientific'. Closer examination of these claims reveals considerable confusion about the boundaries between science and belief, a confusion often evident in discussions involving the beginning of life. Here, for example, science establishes that a genetically distinct human individual comes into existence at fertilization.³ But science cannot establish that this individual is a human person; that is a philosophical question, and science is not competent to decide philosophical questions. Similarly, science cannot determine what moral obligations are called forth by the existence of a human individual. Its correct and limited role is to provide factual data which philosophers and ethicists incorporate into their deliberations.

Secular ethics are based on faith, not fact

Some bioethicists claim that they offer a 'neutral' ethical vision because their approach is based on 'secular principles', not religious belief. This argument trades on the erroneous notion that what is secular is unencumbered by metaphysical or moral presuppositions. On the contrary: all ethical systems -

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including secular ethics - establish moral norms by asserting that some actions are right and others wrong. To discuss the ethics of euthanasia, for example, is to ask whether euthanasia is right or wrong. This question cannot be decided without defining right and wrong, or dismissing the very concept as irrelevant or erroneous.

Ultimately, no bioethical theory is morally neutral or 'faith-free': even secularists are believers. They believe that human dignity exists, that all men are equal, that human life is worthy of respect, etc. These are first principles that must be accepted on faith, not facts established by scientific study.⁴

Anthropology counts

Consider two different statements: (a) man is a creature whose purpose for existence depends upon his ability to think, choose and communicate; b) man is a creature for whom intellect, choice and communication are attributes of existence, but do not establish his purpose for existence. Statements (a) and (b) express non-religious belief, not empirically verified fact. Such beliefs - usually implicit rather than explicit - direct the course of ethical discussion.

Bioethicists working from (a) would have little objection to the substitution of persistently unconscious human subjects for animals in experimental research.⁵ Those who accept (b) would be more inclined to object.⁶ Finally, bioethicists who do not believe in 'purpose' beyond filling an ecological niche would dismiss the discussion as wrong-headed.

Reasoning from different beliefs about what man is and what is good for him leads to different notions of right and wrong, and ultimately to different ethical conclusions.⁷

Establishment bioethics

Problems for ethical minorities arise when one version of bioethics becomes predominant, and its practitioners attain positions of influence and power in government, academic and professional circles. In practical matters, establishment ethicists are prone to dismiss the approach of any ethical system that does not conform to the predominant 'consensus'. However, their 'consensus building' includes only those participants willing to accept the establishment's fundamental presuppositions. The resulting 'consensus' is, in reality, simply the majority opinion of like-minded individuals, not a genuine ethical synthesis reflecting common ground with those who think differently.⁸

Typically, establishment bioethicists do not explain this when consulted by public or professional bodies about ethical questions. Indeed, they may fail to acknowledge even the existence of other ethical systems.⁹ This may be the result of ignorance, since many people identified as 'ethicists' (especially members of professional ethics committees) have had only rudimentary instruction in ethics, from exclusively establishment teachers.

Establishment intolerance

The hegemony of establishment bioethics too often generates intolerance of those who live by other ethical standards. Such intolerance leads to demands that people participate in procedures or services they find morally abhorrent, and to talk of excluding ethical minorities from education and employment - even in countries that preach loudly about human rights and accommodation of diverse beliefs.¹⁰

Indeed, insistence upon uniformity - not accommodation - appears to be the primary policy of those

in power, and establishment bioethicists are prone to call upon state and professional authorities to enforce the ethical uniformity they are unable to secure by persuasive argument.

And when challenged to demonstrate the superiority of the ethical system they want to impose upon dissenters, to justify its faith-assumptions and its anthropology, these authorities are - frequently - silent. Instead of dialogue, one is met with strategy: stonewalling, 'circling the wagons', the assertion of legal authority, and the raw exercise of power.

This is "the establishment": good people, by and large, faithful to the reigning orthodoxy, sincere in their dogmatism, but unable or unwilling to articulate the hidden faith they seek to impose on others.



A pamphlet version of this article is available on the Project website at <http://www.consciencelaws.org>.

Notes:

1. Irving, Dianne N., What is "Bioethics"? (Quid est "Bioethics"?). Tenth Annual Conference: Life and Learning X (in press) University Faculty For Life, Georgetown University, Washington, D.C.
2. Congregation for the Doctrine of the Faith, *Instruction on Respect for Human Life in its Origin and on the Dignity of Procreation* (1987), I.4, I.6, II.B.5
3. O'Rahilly, Ronan, and Fabiola Müller, *Human Embryology & Teratology*. New York: Wiley-Liss, 1994, p. 19-20; Moore, Keith L. and T.V.N. Persaud, *The Developing Human*. Philadelphia: W.B. Saunders Company, 1998, p. 2. Quoted in Irving, Dianne N., "When do Human Beings Begin? 'Scientific' Myths and Scientific Facts," *International Journal of Sociology and Social Policy* 1999, 19:3/4:22-47.
<http://www.consciencelaws.org/Examining-Conscience-Issues/Background/GenScience/BackGenScience01.html>
4. Benson, Iain T., "Notes Towards a (Re) Definition of the 'Secular'" (2000) 33 U.B.C. Law Rev. 519 -549, Special Issue: "Religion, Morality, and Law", p. 521. A popular version of the article is found in Benson, Iain T., "There are No Secular 'Unbelievers'". *Centre Points*, Vol. 4, No. 1, Centre for Cultural Renewal, Ottawa: Spring, 2000, p. 3.
<http://www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical10.html>
5. Richard G. Frey, "The ethics of the search for benefits: Animal experimentation in medicine," in Raanan Gillon (ed.), *Principles of Health Care Ethics* (New York: John Wiley & Sons, 1994), pp. 1067-1075; cited in Irving, Dianne N., "Scientific and Philosophical Expertise: An Evaluation of the Arguments on 'Personhood'". *Linacre Quarterly* February 1993, 60:1:18-46 [Updated and extensively revised, September 20, 1996]
<http://www.consciencelaws.org/Examining-Conscience-Issues/Background/GenScience/BackGenScience05.html>
6. Bleich, Dr. J. David, "Euthanasia", in *Judaism and Healing: Halakhic Perspectives* (1st Ed.), Ktav Publishing House, 1981, p. 139. Essay reprinted in *A Matter of Choice: Responsibility to Live, Right to Die - Five Discussion Papers from the Jewish Perspective on Euthanasia*. 13 April, 1994, Lubavitch Centre, Vancouver, B.C. (Ethics and Torah forum series)

7. Smith, Wesley J., "Is Bioethics Ethical?" *The Weekly Standard*, 28 May, 2000.

<http://www.consciencelaws.org/Examining-Conscience-Issues/Ethical/Articles/Ethical11.html>

8. One critic outlines the extent of the penetration of bioethics principlism, as defined in the American Belmont Report: "Many colleges and universities already require a course in bioethics in order to graduate, and most medical and nursing schools have incorporated it in their curricula. Bioethics is even being taught now in the high schools. And what is being taught as bioethics are the Belmont principles, or renditions of one or more of these principles as defined in Belmont terms. Nods may be given to 'alternative' propositions here and there, but in the end it is the language of principlism which sets the standards." Irving, Dianne N., What is "Bioethics"? (Quid est "Bioethics"?). Tenth Annual Conference: Life and Learning X (in press)University Faculty For Life, Georgetown University, Washington, D.C.

9. This omission is evident in an article that criticized the ethics of pharmacists who refuse to dispense the 'morning after pill' for reasons of conscience (Archer, Frank M., "Emergency Contraceptives and Professional Ethics A Critical Review" *Canadian Pharmaceutical Journal*, May 2000, Vol. 133, No. 4, p. 22-26).

10. A bulletin produced by an Ethics Advisory Committee included the following statement: "[conscientious objectors] must refer patients to colleagues who will provide such services, and in the end deliver these services themselves if it is impractical or impossible for patients to otherwise received them." (College of Pharmacists of British Columbia *Bulletin*, March/April 2000, Volume 25, No. 2. "Ethics in Practice: Moral Conflicts in Pharmacy Practice")

Frank Archer, a member of this committee, later advised the profession that "conscientious objection, unlike a right, usually carries with it certain penalties if acted out. . . . Pharmacists have a duty to ensure their patients are provided with recognized pharmacy services, despite personal religious or moral objections." ("Emergency Contraceptives and Professional Ethics A Critical Review". See note 9).

The Registrar of the College, supporting the position taken in the bulletin, stated: "Pharmacists entering the practice of pharmacy and those already in practice have an obligation to conform with the generally accepted ethical principles of the profession, not the other way around. Individuals are free to choose whether to enter the profession or to remain in practice on this basis." (Letter from the Registrar to the Project Administrator, 9 May, 2000)

Similarly, Arthur Schafer, director of the Centre for Professional and Applied Ethics at the University of Manitoba, asserted that conscientious objectors who refuse "legal services" (ie., the 'morning after pill') to patients who have nowhere else to go should leave the profession, apparently settling an ethical problem by appealing to law. (Jacobs, Mindelle, "Pharmacists Want Right of Refusal," *Edmonton Sun*, 16 April, 2000)